



OFFICE OF ALCOHOL AND NOISE CONTROL



PROCEDURE TO OBTAIN AN ALCOHOLIC BEVERAGE PERMIT

Thank you for choosing Lafayette, Louisiana for your business location. The Lafayette City-Parish Code of Ordinances (Chapter 6 – Alcoholic Beverages) requires any person that sells (directly or indirectly), manufactures, or allows the consumption of alcohol on the premises of any establishment located in the City of Lafayette and the unincorporated area of Lafayette Parish to first obtain a local and state Alcoholic Beverage Permit. The Lafayette City-Parish Consolidated Government Alcohol Code can be reviewed on the Lafayette Consolidated Government's website www.lafayettela.gov under heading "PEOPLE", "CITY/PARISH COUNCIL" and "CITY-PARISH ORDINANCES".

To obtain a local Alcoholic Beverage Permit for your business, you must submit the following documentation to the Office of Alcohol and Noise Control * 220 W. Willow St., Building D * Lafayette, LA * 70501:

- _____ A completed and notarized application form and an application fee of \$250. Payment shall be in the form of a money order, cashier's check, or certified check (NO personal or business checks accepted). Make payments payable to **Lafayette Consolidated Government**. Permit fees (see application) are due prior to the issuance of your Permit.
- _____ Completed 'Table A' forms on all owners, partners, stockholders, financial backers and managers. You MUST attach a copy of applicant's state issued identification card, driver's license or passport.
NOTE: Table A forms **must be completed, approved and on file** (with your permit) for all Designated Managers.
 - **Class A Permit Holders:** Shall not operate without the Permittee or a designated manager in attendance with managing authority over the establishment. The Permittee or a Designated Manager must be on the premises during all days and hours of operation.
 - **Class B Permit Holders:** May operate without the Permittee or designated manager in attendance. However, the Permittee and/or a designated manager shall be available by telephone or in person during all days and hours of operation.
- _____ Lease Agreement or Bill of Sale. **NOTE: Lease Agreement or Bill of Sale must be in the same name as the applicant on the Alcoholic Beverage Permit application.**
- _____ Articles of Incorporation or Organization including Initial Report, or Partnership Agreement, if applicable.
- _____ A detailed & exact diagram of the premises, including all entrances, exits, restrooms, bar, tables, kitchen, storage, office, etc. You must outline, in **RED**, all interior and exterior areas to be licensed. Your diagram will only be accepted in 8-1/2" X 11" (letter size) or 8-1/2" X 14" (legal size).

IN ADDITION TO THE ABOVE ITEMS, THE FOLLOWING DOCUMENTS MUST BE TURNED IN PRIOR TO SUBMISSION FOR FINAL APPROVAL.

- _____ Certificate of Occupancy from the Department of Planning, Zoning and Development, located at 220 W. Willow, Bldg. B. (337) 291-8442.
- _____ Board of Health Permit from the State Health Department located at 220 W. Willow, Bldg. A. (337) 262-5616.
- _____ Capacity Documentation received from the Fire Department / Fire Marshal (Restaurants and/or Bars only).

AFTER 35 DAYS, AN INCOMPLETE APPLICATION WILL BE DENIED. PRIOR PAYMENTS ARE NON-REFUNDABLE!!

REMINDER: Local "bar cards" MUST be applied for BEFORE anyone is allowed to sell, serve, or dispense alcohol including owners, managers AND employees.

NOTE: You must also apply for a state alcohol permit, please call (225) 925-4041 or visit www.atc.la.gov.

YOU MUST SUBMIT A COPY OF YOUR STATE PERMIT WITHIN 15 BUSINESS DAYS OF THE ISSUANCE OF YOUR LOCAL PERMIT. FAILURE TO DO SO WILL RESULT IN THE REVOCATION OF YOUR CITY/PARISH PERMIT.




Alcoholic Beverage Permit Application

Office of Alcohol and Noise Control
220 W. Willow St., Building D
P.O. Box 4017-C * Lafayette, LA 70502
Telephone (337) 291-7116 or (337) 291-8125
Fax (337) 291-7011

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY – DO NOT WRITE IN THIS SECTION

Permit Type:	Type of Alcoholic Beverage to be Sold:	Permit Fee/Date Pd:	App Fee/Date Pd:
Date Permit must be issued by:	Date Permit Issued / By:	Permit Issued To / Initials: 	
Capacity (if applicable):	Location of Business: <input type="radio"/> City of Lafayette <input type="radio"/> Unincorporated Area		

The below sections to be completed by applicant:

1. Trade Name of Business (dba):		2. Applicant's Name (name of individual, partnership, corporation, LLC):	
3. Physical Address of Business (Street / City / Zip Code):		4. Mailing Address (P.O. Box / Street / City / State / Zip code):	
5. Designated Physical Address (for Registered or Certified Mail) (NO P.O. Box): (Any changes SHALL be in WRITING only)			
6. Business Phone Number:	7. Contact Name and <u>Phone Number</u> :	8. Email Address:	
9. Type of Ownership: <input type="radio"/> Individual <input type="radio"/> Partnership (Requires written agreement) <input type="radio"/> Corporation (Requires certificate) <input type="radio"/> LLC (Requires certificate)			
10. Is applicant the owner of the premises to be licensed? <input type="radio"/> YES If "YES", you must provide verification of ownership. <input type="radio"/> NO If "NO", you must provide a copy of the written lease.			

11. List the legal name, title and percentage of ownership of each person for this business. Attach additional sheets, if necessary. (PLEASE NOTE: A "Table A" form must be completed and attached to this application for EACH manager, owner, partner, officer, director, financial backer, and any stockholder owning more than five(5) percent of the stock.)

FULL LEGAL NAME	TITLE (Stockholder/director/officer)	Percentage of Ownership

12. Days and hours of operation

	OPENING TIME	CLOSING TIME	COMMENTS OR NOTATIONS, IF ANY
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

****ANY changes to the days and/or hours of operation must be submitted, IN WRITING, prior to change****

13. Permit Application Fee - \$250

Application fee is due at the time of submission of your Alcoholic Beverage Permit Application. Application fees are NON-REFUNDABLE. Payments are accepted in the form of a money order, cashier's check or certified check ONLY (no personal or business checks accepted), made payable to Lafayette Consolidated Government or LCG.

14. Permit Types / Fees: (Permit fees are due prior to issuance of Alcoholic Beverage Permit.)

CHECK TYPE OF PERMIT YOU ARE APPLYING FOR	PERMIT TYPE	PERMIT FEE	EXPLANATION OF FEES
	Class A – Restaurant	\$575	\$500 High Alcohol Content, \$75 Low Alcohol Content*
	Class A - Bar, Saloon or Tavern	\$575	\$500 High Alcohol Content, \$75 Low Alcohol Content*
	Class A - Beer & Wine Only	\$500	\$500 Beer & Wine
	Class A – Beer Only	\$75	\$75 Beer Only
	Class B – Retail	\$560	Convenience Store, grocery store, package liquor store - \$500 High Alcohol Content, \$60 Low Alcohol Content*
	Class B – Beer Only	\$60	\$60 Beer Only
	Caterer Permit	\$200	For High Alcohol Content and/or Low Alcohol Content* (Issued in conjunction with one of the above permits)
	Wholesale (Beer Only)	\$100	\$100 Low Alcohol Content*
	Wholesale (Beer, Wine & Liquor)	\$600	\$500 High Alcohol Content, \$100 Low Alcohol Content*
	Other: _____	--	Fees to be determined.

*Low Alcohol Content is 6% or less alcohol by volume (ABV) and High Alcohol Content is anything above 6% alcohol by volume (ABV)

NOTICE: Once this office has accepted your application and fees, no refunds shall be issued. Payment of fees must be made in the form of a money order, cashier's check, or certified check (NO personal or business checks accepted). Make payments payable to: Lafayette Consolidated Government or LCG.

This affidavit must be signed by the owner, if individual ownership; partner, if partnership; or authorized official, if corporation or LLC. Misstatement or suppression of material facts in this application is grounds for denial of this permit. Conviction of filing false public records, a violation of Louisiana Revised Statute 14:133, may result in imprisonment for not more than five years with or without hard labor and fines of not more than \$5,000 (five thousand dollars), or both.

Affidavit

I swear that I have read each of the questions in this application and that the answers I have given are true and correct to the best of my knowledge and that I meet the qualifications and conditions of Louisiana R.S. 26:80 and 26:280.

Name of Business: _____

Signature of Applicant: _____ Title: _____

Printed Name of Applicant: _____

For NOTARY Use Only

_____, personally appeared before me, and being first duly sworn declared that he/she signed this application in the capacity designated, if any, and further states that he/she has read and completed the above application and the statements therein contained are true.

Sworn to and subscribed before me this _____ day of _____ 20_____

In the parish/county of _____

Notary Public's Signature: _____

Printed name of Notary Public: _____



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TABLE A

A "Table A" must be executed by EACH owner, partner, officer, financial backer, and every stockholder owning more than 5 percent of the capital stock. A "Table A" **MUST ALSO** be executed by all designated managers.

THIS SECTION TO BE COMPLETED BY OWNER OR MANAGER ONLY:

Trade Name of Business (dba Name):	Address of Business:
Business Phone: ()	Owner / Business Representative's Signature (other than applicant):

TO BE COMPLETED BY APPLICANT: (MUST attach a copy of the applicant's Drivers' License or state issued ID)

1. First Name	Middle Name	Last Name	Maiden Name	Alias
2. Street Address			City	State Zip
3. Home Phone Number:			4. Cell Phone Number:	
5. Race	6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	7. Age	8. Date of Birth Mo. Day. Yr.	9. Place of Birth (City/State)
10. Social Security Number		11. Driver's license or ID Number		12. State issued:
13. Naturalization Number (if applicable)		14. Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		15. Are you a citizen of Louisiana? Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Have you continuously resided in Louisiana for the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
17. Have you or your spouse ever been convicted of a felony? (If yes, explain) <input type="checkbox"/> Yes <input type="checkbox"/> No				
18. Have you or your spouse ever been convicted of violating any liquor or beer regulatory statute or rule? (If yes, explain) <input type="checkbox"/> Yes <input type="checkbox"/> No				
19. Have you or your spouse ever been convicted of soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of a juvenile, keeping a disorderly place, or dealing in narcotics? (If yes, explain) <input type="checkbox"/> Yes <input type="checkbox"/> No				
20. In the last two years, have you or your spouse had a license or permit to sell or deal in alcoholic beverages revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No				

QUESTIONS 21 AND 22 MUST BE ANSWERED BY OWNERS, OFFICERS AND/OR MEMBERS ONLY

21. FULL LEGAL NAME and SOCIAL SECURITY NUMBER of your SPOUSE
22. Is this application being submitted by <u>YOU</u> to obtain an alcoholic beverage permit, in <u>YOUR</u> name, for the benefit of any <u>OTHER PERSON</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No

Misstatement or omission of material facts in this "Table A" shall constitute a false statement or representation under Louisiana Revised Statute 14:133 and is grounds for denial of this filing. Conviction of filing false public records, a violation of Louisiana Revised Statute 14:133, may result in imprisonment for not more than five years with or without hard labor and fines of not more than \$5,000 (five thousand dollars), or both.

Affidavit

I swear that I have read each of the above questions and the answers that I have given are true and correct to the best of my knowledge; and that I meet the qualifications and conditions set out in R.S. 26:80 and 26:280. I understand that a criminal history will be conducted to determine my qualifications.

APPLICANT'S Signature _____ **Title** _____

For NOTARY Use Only

Sworn to and subscribed to me this ____ day of _____, 20 _____. In the parish/county of _____ State of _____.

Notary Public's Signature _____ Printed Name of Notary Public _____

In lieu of Notarized Affidavit, APPLICANT must appear, IN PERSON, at the Office of Alcohol and Noise Control (ANC)

ANC AUTHORIZED SIGNATURE: _____

DATE: _____

Initial's/ Date: _____

APPROVED

DENIED

Revised 6/14/2017

State of Louisiana
Office of Alcohol & Tobacco Control

HEADQUARTERS

7979 Independence Blvd. Ste. 101
Baton Rouge, LA 70806
(225) 925-4041

Hours of Operation:

9:00 a.m. – 4:30 p.m. on Monday – Friday

Opelousas Office

1638 Creswell Extension #3
Opelousas, LA 70570
(337) 948-0346

Hours of Operation:

9:00 a.m. – 4:00 p.m. on Monday – Thursday
9:00 a.m. – Noon on Friday

PLEASE NOTE: State Special Event applications must be submitted at least ten (10) days prior to the event. Go to the link below to download application. Local permit must be issued BEFORE State, so please file in a timely manner.

<http://www.atc.la.gov>

REMINDER: ATC no longer accepts Cash. Only money orders, checks and credit cards are accepted.